

MINUTES
SUBSTANCE ABUSE SERVICES COUNCIL
JUNE 21, 2011
SAARA CENTER FOR RECOVERY
RICHMOND, VIRGINIA

MEMBERS PRESENT:

Mark Blackwell, *Virginia Association of Drug and Alcohol Programs (VADAP)*
Henry Harper, *Virginia Foundation for Healthy Youth (VFHY)*
Senator Mark R. Herring, *Virginia State Senate*
Janice Hicks, *Department of Health (VDH)*
Jamie McDonald, *Virginia Association of Community Services Boards/Prevention (VACSB-Prevention)*
Mellie Randall, *Department of Behavioral Health and Developmental Services (DBHDS)*
Vernon Simmons, *Department of Social Services (DSS)*
Delegate Christopher P. Stolle, *Virginia House of Delegates*
Charles Walsh, *Virginia Association of Community Services Boards (VACSB)*
Michele White, *Virginia Drug Court Association (VDCA)*
Diane Williams, *Substance Abuse Certification Alliance of Virginia (SACAVA)*
William Williams, *Virginia Association of Community Services Boards/ SA Council (VACSB-SA)*

GUEST:

Lynn Crammer, *SAARA*
Martha Kurgans, *DBHDS*
Matt Mansell, *Medical Society of Virginia*
Art Mayer, *Department of Juvenile Justice (DJJ)*
Scott Richeson, *Department of Corrections (DOC)*

STAFF:

Lynette Bowser, *DBHDS*
Karen DeSousa, *Office of the Attorney General*
Julie Truitt, *DBHDS*

WELCOME AND INTRODUCTIONS: The meeting was called to order by the Vice-Chair, Charles Walsh, with introductions by those in attendance.

REVIEW AND APPROVAL OF MINUTES OF THE APRIL 26, 2011 MEETING: After review of the minutes, a motion was made by Will Williams and seconded by Delegate Stolle to approve the minutes of the April 26 meeting. The minutes were approved as presented.

OLD BUSINESS:

- **AGENCY UPDATES:**

- Ms. Randall stated that DBHDS is proceeding with its strategic planning effort, “Creating Opportunities.” The Governor is very interested in substance abuse issues. As a result there have been meetings with representatives of Health and Human Resources and Public Safety agencies to identify some very specific budget initiatives. These initiatives will be presented through the Secretariats for consideration by the Governor.
- Henry Harper, Virginia Foundation for Healthy Youth, announced that registration is beginning for the annual conference on childhood obesity which will be held October 4 and 5 in Richmond at the Marriott. Anyone interested in attending can go to the website www.vfhy.org to get further information on the conference.
- Will Williams, on behalf of the SA Services Council of the VACSB, reported that the recent retreat was productive. A group within the VACSB was identified to work on a budget proposal that will be coordinated with DBHDS’ strategic plan. Also, the VACSB-SA Council is reorganizing and will be meeting more frequently throughout the year.
- Mark Blackwell reported that SAARA has received funding from DBHDS to proceed with a recovery oriented employment services program. The program is a didactic learning process to prepare people for the workforce. The services are provided in about eight modules, including practice interviews, resume preparation, etc. SAARA will begin a pilot of this program in Richmond. In conjunction with this project, a data base will be initiated to identify recovery friendly employers. SAARA is also completing a pilot program for recovery housing and making efforts to set standards for recovery housing. This pilot will also be implemented in Richmond and will hopefully evolve into a statewide coalition.

NEW BUSINESS:

- **VICE-CHAIR NOMINATION AND SELECTION:** Mr. Charles Walsh, current Vice-Chair, stated that his term on the Council will be completed as of this meeting. Ms. Randall stated that a new Chair for the Council has not been appointed. After some discussion it was determined that a new Vice-Chair for the Council should be selected from the present members. The floor was opened up for nominations and Will Williams was nominated. Mr. Williams accepted the nomination. All were in favor of Mr. Williams being the Vice-Chair.

PRESENTATIONS:

- **ART MAYER, DEPARTMENT OF JUVENILE JUSTICE (DJJ), REGARDING SUBSTANCE USE DISORDER RELATED SERVICES:** Mr. Mayer gave the council an overview of the substance abuse related services provided at DJJ. Mr. Mayer provided statistics, by race, sex and geographic location of the substances youth in their system are

using, with cigarettes highest usage proceeded by marijuana, alcohol and cocaine, crack, heroine usage being smaller. DJJ recently started collecting information on prescription and non-prescription medication use.

Presently about 800 juveniles are committed to DJJ. There are approximately 60 females in the system with at least 800 males. FY2010 stats indicate that 88% of males and 72% of females committed to DJJ have a mandatory treatment requirement for substance use treatment. All the treatment services are provided in a designated unit in the facility. In terms of treatment services the programs are evidenced based practices that involve addressing skill sets as opposed to peer education and stand alone programs that were previously provided. When juveniles are committed to DJJ they complete a self-report juvenile profile and are evaluated at the DJJ Reception and Diagnostic Center (RDC). They are evaluated over a five week period and then they are transferred to appropriate facilities where they participate in treatment services. There are two levels of treatment, the lower level which provides services for youth who have been identified as having experimental use and a higher level which is a more intensive treatment program. Ninety percent of the youth are sent to the more intensive group programs.

Mr. Mayer described the different units operated by DJJ. Youth committed to Beaumont Juvenile Correctional Center (JCC) range from the ages of 16-18 with an average age of 18. Hanover JCC houses middle-school aged youth. Beaumont and Hanover JCCs both have a 24 bed self-contained substance abuse unit. At Culpeper, the youth are 18 or older and most have completed high school or are working on their GED or post-secondary education. Through collaboration with the Department of Correctional Education (DCE), treatment services are provided during the normal school day. Oakridge JCC houses developmentally disabled youth. Treatment services are provided as an outpatient treatment model. Bon Air JCC houses males between the ages of 15-17 and provide similar services as Beaumont and Hanover. Bon Air JCC for females has a gender specific program that offers substance abuse treatment services. The intensive program is completed in about six months and focuses on process, education, skills, and trauma.

Mr. Mayer discussed the challenges involved in providing substance abuse treatment to youth while they are incarcerated. His presentation included trends, available treatment options, barriers and budgetary constraints. Mr. Mayer explained the process of how juveniles are evaluated and recommended for appropriate substance abuse treatment services and the process of completing treatment prior to release. The presentation demonstrated and reinforced that good treatment services continue to be available at DJJ.

- **SCOTT RICHESON, DEPARTMENT OF CORRECTIONS (DOC), SUBSTANCE USE DISORDER RELATED SERVICES:** DOC has approximately 31,000 offenders incarcerated and there are an additional 6,000 offenders in the local jails that are supervised in some capacity by the state. There are about 60,000 offenders, who are supervised under Probation and Parole and/or Community Corrections. There are about 90,000 offenders that are either incarcerated or under DOC supervision. Of these numbers, there are about 80% or 72,000 people who have been identified with a substance use disorder and are in need of

substance use services. DOC has been trying to rigorously address these issues during incarceration and have pursued research as related to evidence based practices since 2000-2002. There is a focus on employing evidence based treatment services, especially Motivational Interviewing, and treatment is based on sound assessment of offender risk and need, with services designed to respond to the severity of the offender's problem. Research indicates that cognitive programming that focuses on reshaping the offender's cognitive processes, improving cognitive skills such as problem solving, and utilizing social learning (positive peer influence) works well with the offender population. A focus on reducing criminal thinking and providing an opportunity to practice and correct this type of attitude have a positive impact. DOC has also developed a re-entry strategic plan that supports collaboration between institutional and community corrections, so that the correctional system is considered as a continuum.

On the front end, DOC utilizes the COMPASS risk and needs assessment instrument as a global assessment tool. The assessment looks at all criminogenic issues and also assesses for substance abuse and dependence. Based on the results, DOC develops a plan for the offender's treatment and program referrals. There are very intensive programs in which every offender in the entire institution has a serious problem with substances and the as outpatient services. Currently there are about 1,800 residential treatment beds in the system and about 400 of these beds are for women. Virginia has one of the largest sole purpose treatment facilities in the country located at the Indian Creek Correctional Center. The targeted recidivism goal for the therapeutic communities is to keep the rate below 15% for offenders who go through the intensive substance abuse programs. The overall DOC recidivism rate is 27.3%, which is a tie for 4th in the nation. DOC's current focus is to connect offenders with employment before release to try to mitigate some of the risk factors upon re-entry into the community.

Ms. Richeson explained that DOC is implementing using the Thinking for a Change model as it establishes its re-entry programs. This evidence based program requires offender to practice improved problem solving strategies that are alternative to criminal thinking. Although not substance use specific, it has an impact on recidivism. As the offenders complete this program they will have peer support groups throughout incarceration that involve "thinking" reports. They will use real life scenarios and dissect them to talk about ways they could have or will handle a situation better. This program will be running throughout the system. DOC also provides an opportunity to attend AA and NA self-help groups. Although not evidenced based, self-help programs are great support systems upon re-entry.

Re-entry for women is a big issue. Emotional issues are more of a problem for women than problem-solving skills, jobs, etc. Using federal funds from the Bureau of Justice Assistance (BJA), DOC has developed a small pilot that targets female offenders who are in intensive substance abuse treatment and who will be returning to southwest Virginia. All of these females have children and are expected to return to a parenting role. DOC is designing services for these women through a partnership with the University of Virginia in which University staff provide a curriculum-based program on parenting that has been especially designed for this population. The program also has a component to address

trauma and domestic violence, which are common experiences for this population that affect their ability to address other emotional issues in their lives, as well as their recovery from substance use disorders. Two client advocates will meet with the women in advance of release to plan services and housing. DOC has also partnered with Virginia Tech to conduct outcome research on the pilot. There will be a presentation on this model at the Virginia Summer Institute on Addiction Studies in Williamsburg in July.

DOC generally provides female offenders with parenting programs and addresses trauma while the women are incarcerated, but there is little focus in this area as related with re-entry into the community. The re-entry task-force for women has identified improving collaboration with CSBs, enhancing specialized women's treatment, reunification with families, and preventing termination of parental rights as issues.

DOC is also pursuing a proposal with Oxford House, Incorporated in which DOC will assist with paying for housing for offenders recently re-entering the community for about 4 to 6 weeks. The houses will be located in Lynchburg, Fredericksburg and Hampton. There are also plans for Probation and Parole and Community Corrections to have contracts with four private contractual vendors, 21 private non-residential service providers, and a Memorandum of Agreement with each of the 40 CSBs to provide services.

Over the next year DOC will be rolling out the COMPASS assessment instrument system-wide. So far, 40,360 core assessments and 13,000 re-entry assessments have been completed. The COMPASS assessment is embedded in DOC's automated offender management system. This will allow DOC to aggregate all the offender needs across the system. DOC is also implementing an assessment process for female offenders that will have a focus on issues specifically affecting women such as domestic violence, trauma, etc.

The cost to the prison system for providing substance abuse services is about \$25,000 a year in addition to the normal costs of incarceration. The additional cost to Community Corrections varies according to the type and intensity of services provided. For instance, participation in a Motivational Enhancement Therapy group is about \$500 per offender; outpatient group costs about \$600; relapse prevention costs average \$500; intensive outpatient services average \$3,200 per person.

Ms. Richeson identified systemic needs of DOC as including:

- Improved collaboration between DOC and community agencies, particularly CSBs;
- More providers who treat co-occurring disorders;
- More treatment providers (private and CSB) to utilize evidenced based treatment for offenders;
- More recovery and transition houses; and
- Improved use of peer support programs as a way to increase treatment capacity.

COUNCIL MEMBERSHIP:

- Ms. Randall announced that the terms of Joe Battle and Charles Walsh have expired. She and other Council members acknowledged their service to the Council. Ms. Randall also recognized new members: Diane Williams representing SACAVA and Michelle While representing the Virginia Drug Court Association.
- Mr. Walsh thanked everyone on the Council for making his six years on the SASC enjoyable and for all the support that members have provided to him during his tenure as Vice-Chair. He also thanked the staff for their work with the Council. He wished good luck to everyone as they work in their individual ways to try in make progress in providing treatment, services and resources to individuals and families that are dealing with substance use problems.

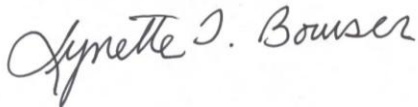
NEXT COUNCIL MEETING:

- The next Council meeting is scheduled for August 9, 10:00 a.m. at the same location. She suggested that the agenda of the next meeting include a presentation by Ralph Orr, Director of the Prescription Monitoring Program (PMP) at the Department of Health Professions regarding the PMP, and an update on DBHDS Creating Opportunities Strategic Plan related to substance abuse services. Council members agreed to this plan without a vote.
- Any other agenda request should be sent by an e-mail to Ms. Truitt.

ADJOURNMENT:

- With there being no further business, a motion was made by Will Williams and seconded by Mellie Randall to adjourn the meeting. The motion was carried.

Respectfully submitted;



Lynette T. Bowser